

ORIGINAL

FILED

JAN 29 2016

IN THE UNITED STATES COURT OF FEDERAL CLAIM

U.S. COURT OF
FEDERAL CLAIMS

JOSEPH REAVES

V.

No. 16-141 C

THE UNITED STATES

COMPLAINT

Plaintiff Joseph Reaves, Pro se, complaint against defendants The United States, United States Army and the Army Board Correction of Military Records ("ABCMR").

JURISDICTION

This Court has specific jurisdiction over this action under 28 U.S.C. § 1491 ("Big Tucker Act") amount of controversy is over \$10,000., 10 U.S.C. § 301-307 et seq (Army Organization statutes), 10 U.S.C. § 1201 et seq (military disability retirement statutes), 10 U.S.C. § 1552 (military correction board enabling statute) and Army rules and regulations relating to medical standards and disability retirement; and under the Administrative Procedure Act, 5 U.S.C. § 701, et seq this Court has jurisdiction to review a determination made by the Army Board Correction of Military Records.

FACTS

1. Soldier Reaves was diagnosed with Duodenal Ulcer via X-rays (SEE: Exhibit C, C-4) The ABCMR admitted that he was admitted for treatment of a duodenal ulcer on 2 May and discharged on 5 May 1983 (SEE: Exhibit A, A-3, Item 4). The 1983 version of Army Regulation 40-501 says, "Ulcer peptic, duodenal or gastric supported by laboratory and X-ray evidence of activity" (SEE: Exhibit E-7) WILL BE REFERRED TO A PHYSICAL EVALUATION

BOARD. (SEE: Exhibit E, E-4). The Army failed to Refer Soldier Reaves case to a PEB as the regulation dictates.

2. Soldier Reaves was a part of the PRP Program, Records showed that he was found suitable for the PRP on 16 April 1982 while he was assigned to the 1st Battalion, 30 Field Artillery Regiment, Germany (SEE: Exhibit D-1, DA Form 3180); (SEE: Exhibit A-3, Item 3) and the PRP status was terminated on 25 January 1985 (SEE: Exhibit D-1); (SEE: Exhibit A-3, Item 8). Mr. Reaves was an Assembler of eight inch nuclear projectiles from 820214 (13B10M5) until 841004 (SEE: Exhibit D-4).

3. On 5 May 1983 Dr. Thomason failed to make notification to Reaves commander as the records indicate (SEE: Exhibit C-2, DA Form 2985) and refer him to a PEB as AR 40-501 prescribes. On November 1983 Nathaniel Hill failed to make notification to Reaves commander when he complained about depression and anxiety (SEE: Exhibit F-6, SF 93) On 11 June 1984 Nathaniel Hill failed to make notification to Reaves commander when he complained of cramps in abdomen pinching feeling that runs from buttocks to stomach area (SEE: Exhibit F-8 SF 600) yet on 5 September 1984 Abdomen pain complaint Mr. Hill indicated “will not affect PRP status and commander notified per DD Form 689” (SEE: Exhibit F-9). These Doctors failed to make notification to Reaves commander violating the regulation AR 50-5.

4. The ABCMR admitted “while the applicant did have a medical condition that potentially could have led to an MEB” (SEE: Exhibit B-5, Item 6) The 1983 version of AR 40-501 mandates referral to a PEB. (SEE: Exhibit E, E-4).

5. The failed notifications deprived the commander from making referrals to an MEB and PEB. Mr. Reaves working in a high security position as an assembler was unfit to perform his duties under the PRP program and should have been removed from the PRP status and disqualified due


to unfitness to perform his duties. No assembler of nuclear projectiles with complaints of duodenal ulcer, "Stomach pain for one month, Lots of night pain constantly took bottles & bottles of Mylanta because a "little bit" didn't help. Often had to buckle over while in Formation (SEE: Exhibit C-5 SF 539) and compliant of "When he stands up he has a pinching feeling that runs from buttocks to stomach area' (SEE: Exhibit F-8, SF 600) is fit to perform his duties.

6. These action and failures to act in accordance with Army regulations deprive Mr. Reaves of this due process rights entailed in the Disability statute 10 U.S.C. § 1201 and violated his other constitutional rights. As a result of these actions Mr. Reaves still suffers from this permanent stomach disability ulcer (SEE: Exhibit F-1 Thru F-5, VA Rating Decision) and is being seen by Veterans Affairs for other contributory defects he suffers from dating back to the time he was a soldier in the 1st Battalion 30th Field Artillery Unit in Germany.

CONCLUSION

Wherefore, the plaintiff demand a judgment against the United States in the amount of \$750,000. To equal the amount of disability payments that would have been made dating back to 1983 the time of the infraction. The plaintiff request that this Honorable Court remand this matter back to the ABCMR with instruction to follow the 1983 version of Army Regulation 40-501 and refer Mr. Reaves records to a PEB. Change Honorable discharge to medical discharge and change all records to reflect this medical discharge.

Respectfully submitted,


Joseph Reaves, January 26, 2016

P.O. Box 30769

Phila., PA 19104

2679712760

EXHIBIT

A



DEPARTMENT OF THE ARMY
ARMY REVIEW BOARDS AGENCY
1901 SOUTH BELL STREET
ARLINGTON VA 22202-4508

February 26, 2009

Case Management Division/cgw
AR20090001889

Mr. Joseph D. Reaves AS1536
PO Box 244
Collegeville, PA 19426-0244

Dear Mr. Reaves:

This is in response to your December 29, 2008 application to the Army Board for Correction of Military Records (ABCMR). My office provides administrative support to the ABCMR.

I note in reviewing your application that you are requesting the ABCMR change your honorable discharge to a disability discharge. The ABCMR has requested your military records from the repository in St. Louis, Missouri; however, they are charged out to another organization at this time.

Unfortunately, without your military records, the ABCMR cannot make a fair, impartial, and equitable determination of your application. There is a presumption that what the Army did in your case was correct. The burden of proving otherwise is your responsibility.

Accordingly, the ABCMR cannot take any further action at this time and your case is administratively closed without action and without prejudice. If you reapply, please allow 90 days before you submit a new DD Form 149 with supporting documents.

I trust this information is helpful.

Sincerely,

for CWade
Walter Avery
Chief, Case Management Division

Enclosure

A-1



DEPARTMENT OF THE ARMY
BOARD FOR CORRECTION OF MILITARY RECORDS
1901 SOUTH BELL STREET 2ND FLOOR
ARLINGTON, VA 22202-4508

SFMR-RBR

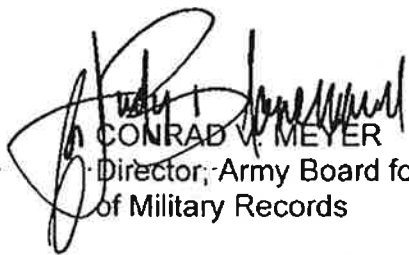
17 February 2010

MEMORANDUM FOR US ARMY REVIEW BOARDS AGENCY SUPPORT DIVISION,
ST. LOUIS (SFMR-RBR-SL), 9700 PAGE AVENUE, ST. LOUIS, MO 63132-5200

SUBJECT: Army Board for Correction of Military Records Record of Proceedings
for Reaves, Joseph D., SSN 164583092, AR20090009517

The application submitted by the individual concerned has been denied by the Army
Board for Correction of Military Records.

Encl


CONRAD V. MEYER

Director, Army Board for Correction
of Military Records

CF:

() OMPF

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ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: REAVES, JOSEPH D.

BOARD DATE: 4 February 2010

DOCKET NUMBER: AR20090009517

THE BOARD CONSIDERED THE FOLLOWING EVIDENCE:

1. Application for correction of military records (with supporting documents provided, if any).
2. Military Personnel Records and advisory opinions (if any).

THE APPLICANT'S REQUEST, STATEMENT, AND EVIDENCE:

1. The applicant requests that his honorable discharge be changed to a disability discharge.
2. The applicant states, in effect, that both periods of his service, which total 5 years, should be changed to show that he was unfit and that his discharge be changed to show a disability discharge. He also states that the Army failed to follow Army regulations which required the doctors to notify his unit commander, fill out a DD Form 3349 (Physical Profile), and refer him to a medical evaluation board (MEBD). The applicant continues to state that he was a member of the Personnel Reliability Program (PRP) and, in accordance with Army Regulation 50-5 (Nuclear Surety) and Army Regulation 40-501 (Standards of Medical Fitness), the doctors failed to take his complaints of a duodenal ulcer and emotional and mental disturbances seriously. The applicant also states that he was hospitalized during both of his tours for these illnesses.
3. The applicant provides an extensive self-authored statement and copies of the following documents in support of this application: a DA Form 3180 (Personnel and Evaluation Record), a DA Form 2985 (Admission and Information), a Standard Form 93 (Report of Medical History), three Standard Forms 600 (Chronological Record of Medical Care), a DA Form 5181-R (Screening Note of Acute Medical Care), two DA Forms 4700 (Medical Record - Supplemental Medical Data), a Standard Form 509 (Clinical Record), a Standard Form 513 (Consultation Sheet), and a DA Form 3647 (Inpatient Treatment Record Cover Sheet).

ABCMR Record of Proceedings (cont)

AR20090009517

CONSIDERATION OF EVIDENCE:

1. Title 10, U.S. Code, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the Army Board for Correction of Military Records (ABCMR) to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so. While it appears the applicant did not file within the time frame provided in the statute of limitations, the ABCMR has elected to conduct a substantive review of this case and, only to the extent relief, if any, is granted, has determined it is in the interest of justice to excuse the applicant's failure to timely file. In all other respects, there are insufficient bases to waive the statute of limitations for timely filing.
2. The applicant enlisted in the Regular Army on 6 October 1981.
3. The applicant submitted a copy of a DA Form 3180 which shows that he was found suitable for the PRP on 16 April 1982 while he was assigned to the 1st Battalion, 30th Field Artillery Regiment, Germany.
4. The applicant submitted a copy of a DA Form 2985 which shows that he was admitted to the U.S. Army Hospital, Augsburg, Germany, on 2 May 1983 for treatment of a duodenal ulcer and discharged on 5 May 1983.
5. The applicant submitted a copy of a Standard Form 93, dated 8 November 1983, in which he stated in item 8 (Statement of Examinees Present Health and Medications Currently Used), "I am in very good health and at this time I'm not on any medication."
6. The applicant submitted a copy of a Standard Form 600, dated 3 November 1983 to 9 November 1983, which shows that he denied the use of any drugs other than the occasional use of alcohol during his PRP interview. It was noted that the applicant's medical records were missing and the cover was found torn and destroyed in downtown Augsburg, Germany.
7. The applicant submitted copies of two Standard Forms 600, dated 11 June 1984 and September 1984, which show that he was treated for abdominal pain and that the treatment would not interfere with his PRP status.
8. The applicant's DA Form 3180 shows that his PRP status was administratively terminated on 25 January 1985 when he was assigned to the 49th Ordnance Detachment, Fort Riley, KS.

ABCMR Record of Proceedings (cont)

AR20090009517

9. The applicant submitted a copy of a DA Form 5181-R, dated 6 February 1986, which shows that he was treated for severe abdominal pain on that date.

10. On 5 June 1986, the applicant accepted nonjudicial punishment for wrongful use of some amount of marijuana between 23 March 1986 and 23 April 1986. His imposed punishment was a reduction to private first class/E-3, forfeiture of \$200.00 pay per month for 2 months, and 45 days of extra duty.

11. The applicant submitted copies of two DA Forms 4700, a Standard Form 509, a Standard Form 513, and a DA Form 3647, dated 4 August 1986, which show he was admitted and discharged from Irwin Army Community Hospital, Fort Riley, KS, on the same date after receiving an endoscopy, being prescribed Tagamet, observation, and being diagnosed with a pre-pyloric peptic ulcer.

12. The applicant submitted an undated Report of Mental Status Evaluation which states he had the mental capacity to understand and participate in the discharge proceedings, was mentally responsible, and met the retention requirements of chapter 3, Army Regulation 40-501.

13. The applicant submitted several pages of what appear to be his analyses of his medical treatment by various individuals.

14. The specific facts and circumstances surrounding the applicant's discharge processing are not available for review. However, the evidence of record does include a properly-constituted DD Form 214 authenticated by the applicant that contains the authority and reason for the applicant's active duty discharge on 10 November 1986 in pay grade E-1. The DD Form 214 shows he was discharged under the provisions of Army Regulation 635-200 (Personnel Separations), chapter 10, for the good of the service in lieu of trial by court-martial with an under other than honorable conditions discharge. The DD Form 214 he was issued confirms he completed a total of 5 years, 1 month, and 5 days of creditable active military service and had reenlisted on 20 September 1984 without a break in service.

15. There is no indication that the applicant applied to the Army Discharge Review Board for an upgrade of his discharge within its 15-year statute of limitations.

16. Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation) provides the standards for medical fitness for retention and separation, including retirement, and states, in pertinent part, that the medical treatment facility commander with the primary care responsibility will evaluate

ABCMR Record of Proceedings (cont)

AR20090009517

those referred to him and will, if it appears as though the member is not medically qualified to perform duty or fails to meet retention criteria, refer the member to an MEBD. Those members who do not meet medical retention standards will be referred to a physical evaluation board (PEB) for a determination of whether they are able to perform the duties of their grade and military specialty with the medically-disqualifying condition.

17. Army Regulation 635-40 provides, in pertinent part, that the medical treatment facility commander with the primary care responsibility will evaluate those referred to him and will, if it appears as though the member is not medically qualified to perform duty or fails to meet retention criteria, refer the member to an MEBD. Those members who do not meet medical retention standards will be referred to a PEB for a determination of whether they are able to perform the duties of their grade and military specialty with the medically disqualifying condition.

18. Army Regulation 40-501 does not list a peptic ulcer as a cause for referral to an MEBD.

19. Army Regulation 635-200 sets forth the basic authority for the separation of enlisted personnel. Chapter 10 of this regulation provides, in pertinent part, that a member who has committed an offense or offenses for which the authorized punishment includes a punitive discharge may submit a request for discharge for the good of the service in lieu of trial by court-martial. The request may be submitted at any time after charges have been preferred and must include the individual's admission of guilt. Although an honorable or general discharge is authorized, a discharge under other than honorable conditions is normally considered appropriate.

DISCUSSION AND CONCLUSIONS:

1. The evidence of record shows that the applicant was treated for severe abdominal pain and diagnosed with a pre-pyloric peptic ulcer. The evidence of record also shows the applicant accepted nonjudicial punishment for wrongful use of some amount of marijuana between 23 March 1986 and 23 April 1986.

2. Army Regulation 40-501 does not list a peptic ulcer as a cause for referral to an MEBD. There is no evidence to show he was diagnosed with a duodenal ulcer while on active duty.

ABCMR Record of Proceedings (cont)

AR20090009517

3. There is no evidence in the applicant's record nor did the applicant submit any evidence that shows he was being considered for a medical discharge from the military. On the contrary, the evidence of record shows that after exhaustive medical tests, examinations, and treatment he was cleared for continued service.
4. There is no evidence to show that the applicant's medical records should have been reviewed by an MEBD. Without an MEBD, there would have been no basis for referring him to a PEB. Without a PEB, the applicant could not have been issued a medical discharge or retired for physical unfitness.
5. Although the applicant's record is void of the specific facts and circumstances surrounding his discharge processing, it does contain a properly-constituted DD Form 214 which shows that the applicant was separated for the good of the service in lieu of trial by court-martial and that his service was characterized as under conditions other than honorable.
6. There is no evidence which shows the applicant was not properly and equitably discharged in accordance with the regulations in effect at the time, that all requirements of law and regulations were not met, or that the rights of the applicant were not fully protected throughout the separation process. Absent such evidence, regularity must be presumed in this case.
7. In view of the above, there is no basis for granting the applicant's requested relief.

BOARD VOTE:

_____	_____	_____	GRANT FULL RELIEF
_____	_____	_____	GRANT PARTIAL RELIEF
_____	_____	_____	GRANT FORMAL HEARING
<u>Shells</u>	<u>ALB</u>	<u>EM</u>	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined that the overall merits of this case

ABCMR Record of Proceedings (cont)

AR20090009517

are insufficient as a basis for correction of the records of the individual concerned.

Quida D. Simmons
CHAIRPERSON

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.



DEPARTMENT OF THE ARMY
BOARD FOR CORRECTION OF MILITARY RECORDS
1901 SOUTH BELL STREET 2ND FLOOR
ARLINGTON, VA 22202-4508

February 17, 2010

AR20090009517, Reaves, Joseph D.

Mr. Joseph D. Reaves
PO Box 244
Collegeville PA 19426

Dear Mr. Reaves:

I regret to inform you that the Army Board for Correction of Military Records denied your application.

The Board considered your application under procedures established by the Secretary of the Army. I have enclosed a copy of the Board's Record of Proceedings. This decision explains the Board's reasons for denying your application.

This decision in your case is final. You may request reconsideration of this decision within one year by letter to the above address only if you can present new evidence or argument that was not considered by the Board when it denied your original application.

A copy of the Board's decision and proceedings has been furnished to the counsel you listed on your application, the Disabled American Veterans, 807 Maine Avenue, Southwest, Washington, DC 20024-2410.

Sincerely,

A handwritten signature in black ink, appearing to read "Conrad V. Meyer", is written over the typed name and title.

Director, Army Board for Correction
of Military Records

Enclosure

EXHIBIT

B

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: REAVES, JOSEPH D.

BOARD DATE: 2 June 2011

DOCKET NUMBER: AR20100028381

THE BOARD CONSIDERED THE FOLLOWING EVIDENCE:

1. Application for correction of military records (with supporting documents provided, if any).
2. Military Personnel Records and advisory opinions (if any).

THE APPLICANT'S REQUEST, STATEMENT, AND EVIDENCE:

1. The applicant requests reconsideration of his previous request for a physical disability discharge or retirement to include entitlement to incapacitation pay.
2. The applicant states his medical condition was not properly evaluated and reported to higher authorities as required for personnel in his security position. He had medical problems that should have required referral to a Medical Evaluation Board (MEB). He believes his medical condition should have prevented him from reenlisting and warranted a physical disability separation or retirement. He claims that his due process was violated and he was denied a proper consideration for medical separation processing. He also contends that he is entitled to incapacitation pay.
3. The applicant provides over 45 pages of self-authored statements and arguments. He also provides:
 - a. three packets of service medical records, two for his first enlistment totaling 43 pages and a 37 page packet for his second enlistment;
 - b. a packet of post-service medical records including records from the Pennsylvania Department of Corrections, private physicians, and the Department of Veterans Affairs (VA);
 - c. an 8 March 2009 medical examination with 62 pages of VA treatment records;

Demond (CHS/PA)

B-1

ABCMR Record of Proceedings (cont)

AR20100028381

- d. a 1984 article titled "Frequency of Illness Associated with Epidemic Hepatitis A Virus Infections In Adults";
- e. his DA Form 2-1 (Personnel Qualification Record-Part II);
- f. a DA Form 2627 (Record of Proceedings Under Article 15, Uniform Code of Military Justice);
- g. his DD Form 214 (Certificate of Release or Discharge from Active Duty),
- h. three court of appeals decisional documents; and
- i. portions of Army Regulation 40-501 (Standards of Medical Fitness).

CONSIDERATION OF EVIDENCE:

1. Incorporated herein by reference are military records which were summarized in the previous consideration of the applicant's case by the Army Board for Correction of Military Records (ABCMR) in Docket Number AR20090009517, on 4 February 2010.
2. A significant portion of the medical documents the applicant provided were available to the previous Board when his request for a disability discharge was reviewed; however, the court cases, his request for retirement, and incapacitation pay are considered new evidence and new issues that require reconsideration.
3. Incapacitation pay is afforded to Army National Guard and Army Reservists who are injured while performing military duties and as a result of the injury were unable to perform their regular civilian jobs. Since the applicant was Regular Army not a Reservist he is not entitled to incapacitation pay, thereby making this issue moot. It will not be further addressed in this Record of Proceedings.
4. The applicant served on active duty in the Regular Army from 6 October 1981 through 10 November 1986. He was discharged under Army Regulation 635-200, chapter 10, for the good of the service in lieu of trial by court-martial.
5. The applicant's prior request for a disability discharge was denied because the available medical evidence did not show he was medically unfit or warranted referral to an MEB.
6. The available service records show that between May 1983 and the date of the applicant's discharge he was treated for a duodenal ulcer, sore throat, right knee injury, a puncture wound to his chest, a fungal infection, an abscess on his

ABCMR Record of Proceedings (cont)

AR20100028381

buttock, abdominal cramps, a bump on his eyelid, back pain, and a rash on his face. His records show that on several occasions his medical conditions were evaluated in accordance with regulations in effect for personnel serving in a security sensitive position and determined not to have a negative impact on his position.

7. The circumstances surrounding the three court cases differ significantly from the applicant's situation. In all three cases those individuals had well-documented medical histories and records, they were processed by MEBs, and there was no evidence of disciplinary action or misconduct.

8. At the time of the applicant's separation processing he would have been advised of the effects of a discharge under the provisions of chapter 10, Army Regulation 635-200, and that he might be deprived of many or all Army and VA benefits.

9. The applicant's VA medical recodes show he is being treated for a peptic ulcer, chronic gastritis, and post-traumatic stress disorder. All of the VA medical records are dated over the period of the last 20 years after he was discharged. They show his current medical condition, they do not document or relate to his medical condition at the time of his discharge in 1986.

10. The additional medical records the applicant provided show has suffered from and he has been treated for abdominal pain and ulcers since his release from active duty on a periodic basis.

11. Army Regulation 635-200 (Active Duty Enlisted Administrative Separations) provides the following:

a. Soldiers who committed an offense or offenses for which the authorized punishment included a punitive discharge could submit a request for discharge for the good of the service at any time after court-martial charges were preferred.

b. Soldiers who committed an offense or offenses, the punishment for which under the UCMJ includes a bad conduct or dishonorable discharge, may submit a request for discharge in lieu of trial by court-martial.

c. A medical examination is not required for Soldiers being separated under chapter 10, but may be requested by the Soldier under Army Regulation 40-501.

d. Paragraph 1-33 (Disposition through medical channels) states except (emphasis added) in separation actions under chapter 10 disposition through medical channels takes precedence over administrative separation processing.

ABCMR Record of Proceedings (cont)

AR20100028381

12. Title 10, U.S. Code, chapter 61, provides disability retirement or separation for a member who is physically unfit to perform the duties of his office, rank, grade or rating when the disability was incurred while entitled to basic pay.

13. Army Regulation 40-501 (Standards of Medical Fitness) provides in:

a. paragraph 3-3a that performance of duty despite an impairment would be considered presumptive evidence of physical fitness; and

b. paragraph 3-3b(1) for an individual to be found unfit by reason of physical disability they must be unable to perform the duties of their office, grade, rank or rating.

14. Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation), provides in:

a. paragraph 3-1 the mere presence of an impairment does not, of itself, justify a finding of unfitness because of physical disability. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the member reasonably may be expected to perform because of his or her office, rank, grade or rating;

b. paragraph 3-2b(1) disability compensation is not an entitlement acquired by reason of service-incurred illness or injury; rather, it is provided to Soldiers whose service is interrupted and they can no longer continue to reasonably perform because of a physical disability was incurred or aggravated in service; and

c. paragraph 3-2b(2) when a member is being separated by reason other than physical disability his continued performance of duty creates a presumption of fitness which can be overcome only by clear and convincing evidence that he was unable to perform his duties or that an acute grave illness or injury or other deterioration of physical condition occurred immediately prior to or coincident with separation rendered the member unfit.

15. Army Regulation 15-185 (ABCMR) prescribes the policies and procedures for correction of military records by the Secretary of the Army, acting through the ABCMR. Paragraph 2-9 states that the ABCMR begins its consideration of each case with the presumption of administrative regularity. The applicant has the burden of proving an error or injustice by a preponderance of the evidence.

ABCMR Record of Proceedings (cont)

AR20100028381

DISCUSSION AND CONCLUSIONS:

1. The applicant states he had medical problems that were not properly evaluated, and he should have been referred to an MEB. His medical conditions should have prevented him from reenlisting and warranted a physical disability separation or retirement. He claims that his due process was violated and he was denied proper consideration for medical separation processing. His medical condition was not properly reported to higher authorities as required for personnel in his security position.
2. In the court cases the applicant provided none of the individuals were facing disciplinary action for misconduct as the applicant was. Therefore, these cases have no direct bearing on the applicant's case and will not be further addressed.
3. The applicant has not provided any evidence and the available records do not contain any evidence that shows his due process was violated as it relates to the handling of his medical conditions while on active duty. Additionally, the available evidence does not show he had medical conditions that were of such a nature that they should have prevented him from qualifying for reenlistment.
4. The applicant has not provided and the record does not show that he was physically unfit to perform the duties of his office, rank, grade or rating, that his service was interrupted due to a medical condition, or that he was denied due process in the reporting of his medical conditions while he was in an active duty status.
5. The mere presence of an impairment does not of itself, justify a finding of unfitness because of physical disability. Therefore, the applicant has not shown he was entitled to a physical disability separation or retirement.
6. While the applicant did have a medical condition that potentially could have led to an MEB, his discharge was not the result of his inability to serve due to this medical condition. The applicant elected to be discharged in lieu of facing a trial by court-martial due to his own willful misconduct. Discharges under chapter 10, Army Regulation 635-200 take precedence over medical separation processing and the applicant has not shown that his physical conditions were the cause of his misconduct.
7. The regulations governing the Board's operation require that the discharge process be presumed to have been in accordance with applicable law and regulations unless the applicant can provide evidence to overcome that presumption. The applicant has failed to provide convincing evidence to overcome this presumption.

ABCMR Record of Proceedings (cont)

AR20100028381

BOARD VOTE:

_____ GRANT FULL RELIEF
 _____ GRANT PARTIAL RELIEF
 _____ GRANT FORMAL HEARING
msd mjp asa DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

1. In regard to his request for a disability discharge, the evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined that the overall merits of this case are insufficient as a basis to amend the decision of the ABCMR set forth in Docket Number Docket Number AR20090009517, on 4 February 2010.

2. The available evidence is also insufficient to correct his record to show that he was discharged due to retirement.

M. K. Patterson
 CHAIRPERSON

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

EXHIBIT

C



National Personnel Records Center

Military Personnel Records, 9700 Page Avenue St. Louis, Missouri 63132-5100

June 25, 2007

JOSEPH REAVES AS1536
P.O. BOX 244
GRATERFORD, PA 19426

RE: **Veteran's Name: REAVES JOSEPH**
 SSN/SN: 164583092
 Request Number: 1-3076692314

Dear Sir or Madam:

Thank you for contacting the National Personnel Records Center. The original medical record needed to answer your inquiry is not currently in our files. The medical record has been loaned to the Department of Veterans Affairs (VA). We suggest that you contact the nearest VA Regional Office to obtain copies of the records. If a claim has been filed with the VA it would be helpful to include the VA claim number when contacting them. You may call 1-800-827-1000 to locate the VA office nearest you.

Enclosed please find the requested Clinical Records. However, we regret that some documents are not completely legible, but are the best available copies we can provide.

If you have questions or comments regarding this response, you may contact us at 314-801-0548 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at <http://vetrecs.archives.gov>.

Sincerely,


JEFFREY SPEARS
Archives Technician (1C)

Enclosure(s)

C-1

1. MTR CODE		ADMISSION AND CODING INFORMATION																						
1		2		For use of this form, see AR 40-400; the proponent agency is the office of The Surgeon General.																				
3911		REEVES Joseph																						
PLATE LINE	2. REGISTER NUMBER											NAME (Last, first, middle initial)											3. GRADE	
1.	0161280											Reeves, Joseph											5 P4 E-4	
2.	4. SEX		5. AGE				6. RACE		RELIGION		7. LENGTH OF SVC		ETS		PREVIOUS AD MISSION		YR NO							
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3.	8. FMP		9. SSN										ORGANIZATION										WARD	
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4.	FLYING STATUS		RATING/DESIGNATION				10. BENEFICIARY CAT.		BRANCH/CORPS		11. UIC/ZIP		12. TYPE OF CASE		39									
							A 10				09178		Dis D											
5.	13. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION												HOUR OF ADMISSION		14. CLINIC SVC									
	DIL AR NO-3 PAK 4-1												1820		IMC AA									
6.	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE												15. DISPOSITION TYPE		16. DATE OF DISPOSITION		48							
	ZENA /w												A		5 MAY 83		125							
7.	ADDRESS OF EMERGENCY ADDRESSEE (Include Zip Code)												TELEPHONE NO.		17. DATE OF THIS ADMISSION		53							
	IMMAG STABLE 12												592732		2 MAY 83		122							
8.	NAME AND LOCATION OF MEDICAL TREATMENT FACILITY												18. DATE OF INITIAL ADMISSION		58									
	USNA HUGS GERM KAA																							
19. ABS SK BED DAYS THIS MTF			20. OTHER DAYS THIS MTF			21. CONV LV/ COOR CARE DAYS THIS MTF			22. SUPPL CARE DAYS THIS MTF			23. BED DAYS THIS MTF			24. TOTAL SICK DAYS THIS MTF									
59 60 61			62 63 64			65 66 67			68 69 70			71 72 73			74 75 76									
												003			003									
MTF OF INITIAL ADMISSION (CODE 6 CARD)												25. TRF TO VA HOSP/ AUTOPSY		26. DO NOT USE THIS SPACE		CARD IDENTITY								
												77		78 79		80								
FOR LOCAL USE												"SM is in the PRP" (AR 50-5)		Yes		No								
Duodenal ulcer												Signature of SM		Joseph D. Reeves										
												() Treatment may effect behavior												
												() Treatment will not affect behavior												
												() Commander was notified by												
ADMITTING OFFICER (Signature, as required)												SIGNATURE OF ADMITTING CLERK												
Thomas												Christina												

DA FORM 2985
1 MAY 79EDITION OF 1 JUN 78 IS OBSOLETE. REPLACES DA FORM 3648
(CUT SHEET ONLY), 1 AUG 76, WHICH IS OBSOLETE.

C-2

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
DISCHARGE NOTE			
USAH AUGSBURG, APO 09178			
DATE OF ADMISSION:	2 May 83		
DATE OF DISCHARGE:	5 May 83		
DIAGNOSIS:	Duodenal ulcer		
SPECIAL PROCEDURES:	None		
HOSPITAL COURSE:	20 yr. SMA ulcer, duodenal ulcer demonstrated on upper GI series radiograph by intubation of intubator antroduodenal region		
MEDICATIONS ON DISCHARGE:	Tegaserod 300mg qid		
DISPOSITION:	Nifedipine 30mg po tid		
PROFILE: P U L H E S	Discharge hydrocortisone gel 30mg po qid		
	- as per pre-hospitalization		
	Report upper GI series in Bldg		
	Return to IHC in 1 mo		

Original - Outpatient Records
Carbon - Inpatient Records
AEMAB FM 27 (TEST), 1 Jun 82
Obsolete after 1 yr

A. Plummer
(Physician's Signature)

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

161280 20 16458 30 92 D2

REAVES JOSEPH O SP4

A BTRY 1\30TH FA AAA

PATIENT'S NAME (Last, First, Middle initial)			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE
SSAN OR IDENTIFICATION NO.			ORGANIZATION

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600-509
600-106-01

C-3

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle;
medical facility)

161380 20 16458 30 92 D2

REAVES JOSEPH O SP4

A BTRY 1, 30TH FA AAA

#8391

AGE

SEX

REGISTER NO.

WARD NO.

FILM NO.

EXAMINATION REQUESTED

Upper GI

REQUESTED BY

DATE OF REQUEST

5 May 83

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Pt. hospitalized to initiate Rx for duodenal ulcer. Please schedule for repeat upper GI 24-25th.

DATE OF EXAMINATION (include year)

DATE OF REPORT

DATE TRANSCRIBED

2 JUN 83

28 JUN 83

RADIOGRAPHIC REPORT

UPPER GI SERIES: These are followup films which demonstrate a persistent single collection of contrast material in the duodenal bulb, consistent with a persistent ulcer crater. The duodenal folds in the immediate post-bulbar portion of the duodenum are slightly enlarged, consistent with ongoing inflammation.

MILTON MENDENHALL, MAJ, MC

C, DEP RADIOLOGY

USAMEDDAC, AUGSBURG

SIGNATURE: (Specify location of X-ray facility if not part of requesting facility)

NOTE: For additional space use SF-507, Continuation Sheet

RADIOGRAPHIC REPORT
Standard Form 519-A (Rev. 9-77)
Prescribed by GSA-ICMR
FPMR 101-11.805-8
519-213

161380 20 16458 30 92 D2

REAVES JOSEPH O SP4

DEPARTMENT OF RADIOLOGY

USAMEDDAC, AUGSBURG

APO NY 09178

A BTRY 1, 30TH FA AAA

Patient's Name:

Reaves Joseph Last 4 # 3092 D.

(Last)

(First)

Examination Requested:

UGI

Radiologist's Interpretation:

Duodenal Bulb ulcer - active

Dr. Dempsey - IMC - per phone call

THROW THIS FORM AWAY!!!

A PERMANENT COPY WILL FOLLOW.

Milton T. Mendenhall, MD
MAJ MC
C, DEP RADIOLOGY
USAMEDDAC, AUGSBURG
APO NY 09178

C-4

26

B

MEDICAL RECORD

ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION (Enter date of admission)

Prob - duodenal ulcer. Admit 2 May 83
 20 yo. has had upper abdominal pain since one month ago. No previous hx of the pain. The pain initially was in region of xiphoid process and R rib cage and was pleuritic in nature. Lots of night pain "constantly". Took bottles & bottles of Mylanta because a "little bit" didn't help. Often had to buckle over while in formation. No change in bowel func. Pt. had upper g-e series this Am (long delayed) which showed active ulcer. No hx of serious illness. Takes no meds.

PHYSICAL EXAMINATION

Gen - young Negro ♂ is no acute distress.
 Eyes - marked tortuosity of fundal vls with some copper wiring of arterioles.
 Neck - thyroid palpable; chest - lungs clear
 Heart - PMI 5th ICS LEL; RCR; no m
 Abdomen - soft; no tenderness, masses
 Rectal - prostate normal; stool hematocrit neg
 Extremities - no edema; good posterior tibial pulses

PROGRESS (Enter date of discharge and final diagnosis)

4 May 83 No abdominal pain since admission. No abdominal tenderness. Pt. placed on intensive antilulcer regime for 24 hrs. Will start solid foods today and plan on discharge tomorrow.

SIGNATURE OF PHYSICIAN <i>Albert D. Davis</i>	DATE 5 May 83	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give Name last, first, middle; grade, date; hospital or medical facility)		REGISTER NO.	WARD NO.

BEAVES JOSEPH O SP4

A PTBY 1130TH FA AAA

ABBREVIATED MEDICAL RECORD

Standard Form 599

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS

FPMR 101-11.305-8

OCTOBER 1977

539-105

C-5

27

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
DISCHARGE NOTE			
USAH AUGSBURG, APO 09178			
DATE OF ADMISSION:	2 May 82		
DATE OF DISCHARGE:	5 May 82		
DIAGNOSIS:	Duodenal ulcer		
SPECIAL PROCEDURES: None			
HOSPITAL COURSE:	20 yrs. SMA ulcer, duodenal ulcer (duodenal ulcer) on upper GI series, admitted by inpatient of intensive outpatient regimen		
MEDICATIONS ON DISCHARGE:	Tegamet 300mg qid		
DISPOSITION:	Mx plan 300mg po tid Maximum 600mg qid 300mg po tid		
PROFILE: P U L H E S	- as per pre-hospital notes Repeat upper GI series - 3 wk Return to work in 1 mo		
Original - Outpatient Records Carbon - Inpatient Records AEMAB FM 27 (TEST), 1 Jun 82 Obsolete after 1 yr			

A. Plummer
(Physician's Signature)

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

161280 20 16458 30 92 D2

REAVES JOSEPH O SP4

A BTRY 1\30TH FA AAA

PATIENT'S NAME (Last, First, Middle initial)			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE
SSAN OR IDENTIFICATION NO.			ORGANIZATION

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600-509
600-106-01

29

MEDICAL RECORD - NURSING ASSESSMENT AND CARE PLAN (Continuation)
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

ADDITIONAL ASSESSMENT DATA

Cardiovascular AP 60 Regular Rate & Rhythm.

Respiratory lungs clear no cough no sputum.

Gastrointestinal Appetite fair has epigastric pain
for approx 1 month - Not related to eating
"Diarrhea today since U. & I. usually
every other day. B.M's light brown.

Genitourinary No frequency No burning on urination

Sensory o

Neuromuscular o

Renal/metabolic o

Social 20 year old SPK. married no children
& epigastric pain x 1 month. U & I
today showed abnormal - admitted for
treatment.

2 brothers > alive and well
1 sister
Parents alive and healthy.

SIGNATURE (Nurse)

Daphna Smith R.N.

DATE

PATIENT IDENTIFICATION

161-40-01-1455 30 11 D2

PAIN - 10/10/16 0346

PAIN - 10/10/16 0346

REPORT TITLE

PATIENT DISCHARGE INSTRUCTIONS:

OTSG APPROVED (Date)

2 Dec 82

DIET:

Regular

DIET RESTRICTIONS:

alcoholic

MEDICATIONS:

TIME TO BE TAKEN:

SIDE EFFECTS:

Tegaserod - one every 6 hours, i.d. diff.
 Motilium 30cc after meals and at bedtime
 Plavix 75mg po 30cc after meals and at bedtime

MEDICATION RESTRICTIONS:

alcoholic beverages

ACTIVITY LIMITATIONS:

None

FOLLOW-UP CARE: RETURN TO:

CLINIC ON:

ADDITIONAL INSTRUCTIONS:

REPEAT Lipid NT Series (X-ray) in
 3 weeks - Return to Internal Med Clinic
 in 1 mo.

IF PROBLEMS ARISE CALL:

4.357

DR'S NAME:

Thomason

DISCHARGE SUMMARY.

PATIENT DISCHARGED TO: DUTY ☒ HOME ☐ OTHER (SPECIFY) _____PATIENT VERBALIZES UNDERSTANDING OF DISEASE PROCESS: YES ☒ NO ☐PATIENT VERBALIZES VERBALIZES UNDERSTANDING OF DISCHARGE INSTRUCTIONS: YES ☒ NO ☐MODE OF DISCHARGE: AMBULATORY ☒ W/C ☐ LITTER ☐

OTHER (SPECIFY): _____

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

DATE

PATIENT IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or facility)

REAVES JOSEPH O 3P4
 A BTRY 1/30TH FA AAA

☐ HISTORY/PHYSICAL☐ FLOW CHART☐ OTHER EXAMINATION OR EVALUATION☐ OTHER (Specify)☐ DIAGNOSTIC STUDIES☐ TREATMENT

DA FORM 1 MAY 78 4700

AEMAB FM 88
 1 Jan 83

57

the proponent agency is the Office of The Surgeon General.

VERIFY BY INITIALING		RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION														
ORDER DATE	CLERK/ NURSE			DATE DISPENSED														
2 May 83	LT	Tagamet 300 mgm q6hr.	06	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
			12															
			18															
			24															
2 May 83	LT	Mylanta 60cc q4hr po	04															
			08															
			12															
			16															
			20															
			24															
2 May 83	LT	Aluminum hydroxide gel 60cc q4hr po. (alternate on 2 hr. schedule with Mylanta)	02															
			06															
			10															
			14															
			18															
			22															
3 May	LT	Change antacids to Mylanta 30cc + Alum. incom. hydroxide gel 2 hr. q 4 hr	04															
			08															
			12															
			16															
			20															
			24															
3 May	LT	Aluminum Hydroxide gel 30cc q 4hr	02															
			06															
			10															
			14															
			18															

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS:
Proximal ulcer

ADDITIONAL PAGES IN USE:
☒ YES ☐ NO
PAGE NO. 1

PATIENT IDENTIFICATION:

161 PRO 20 16458 30 92 D2
REAVES JOSEPH O SP4
A ETRY 1\30TH FA AAA

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14
E 15 16 17 18 19 20 21 22
N 23 24 01 02 03 04 05 06

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER
DATECLERK/
NURSERECURRING MEDICATIONS,
DOSE, FREQUENCY

HR

DATE DISPENSED

3 May 83

Aluminum Hydroxide gel
30cc po q 4^o

23

3 4 5 6 7 8 9 10 11 12 13 14 15 16

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS:

Duodenal Ulcer

ADDITIONAL PAGES IN USE:

☐ YES ☐ NOPAGE NO. 2

PATIENT IDENTIFICATION:

16140 DO 16453 30 W. DC

REAVES JOSEPH O CPA

A BTRY 1\30TH FA AAA

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

32

(Sign all notes)

OBSERVATIONS

Include medication and treatment when indicated

☆U.S. Government Printing Office: 1979--311-153/5095

47

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED														
				2	3	4	5	6	7	8	9	10	11	12	13	14	15	
2 May 83	LT	Tagamet 300 mgm q6hr.	06	/	fe	fe	MB											
			12	/	MB	MB												
			18	00	00	00												
			24	fe	fe													
2 May 83	LT	Mylanta 60cc q4hr po	04	/	fe													
			08	/	MB													
			12	/	MB													
			16	/	LT													
			20	00														
			24	fe														
2 May 83	LT	Aluminum hydroxide gel 60cc q4h po (alternate on 2 hr schedule with Mylanta)	02	/	fe													
			06	/	fe													
			10	/	MB													
			14	/	LT													
			18	00														
			22	00														
3 May	LT	Change antacids to Mylanta 30cc + Aluminum hydroxide gel 20cc q4hr	04	/	fe	MB												
			08	/	MB	MB												
			12	/	MB													
			16	/	MB													
			20	/	MB													
			24	/	fe	MB												
3 May	LT	Aluminum Hydroxide gel 30cc q4h	02	/	fe	MB												
			06	/	fe	MB												
			10	/	MB	MB												
			14	/	MB													
			18	/	MB													

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS:

Gastroesophageal Reflux Disease

ADDITIONAL PAGES IN USE:

☒ YES ☐ NO

PAGE NO. *1*

PATIENT IDENTIFICATION:

161 70 20 16453 30 92 D2

REAVES JOSEPH O GP4

A PTY 1\30TH FA AAA

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 4677
1 OCT 78

Mo. May Yr. 83

INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

[illegible]☐ YES☒ NC

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

☐ YES ☐ NO

PAGE NO. 2

PATIENT IDENTIFICATION:

161 80 20 1645 30 9 : 52

REAVIS JOSEPH O 3P4

A BTRY 1\30TH FA AAA

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

DA FORM 4678
1 FEB 79

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

EDITION
Reaves

36

D. Dr. Thomson

MEDICAL RECORD			VITAL SIGNS RECORD															
HOSPITAL DAY			1		2		3		4		5		6		7		8	
POST-DAY																		
MONTH-YEAR			2		3		4		5		6		7		8			
DAY																		
HOUR			4-8 12		4-8 12		4-8 12		4-8 12		4-8 12		4-8 12		4-8 12		4-8 12	
PULSE (O)																		
TEMP. F (°)																		
105°																		
180																		
170																		
160																		
150																		
140																		
130																		
120																		
110																		
100																		
90																		
80																		
70																		
60																		
50																		
40																		
RESPIRATION RECORD			6		9		6		4		6							
BLOOD PRESSURE																		
HEIGHT																		
WEIGHT			180															
PATIENT'S IDENTIFICATION																		
REAVES JOSEPH O GP4																		
511-112																		
A BTRY 1/30TH FA AAA																		
REGISTER NO.																		
WARD NO.																		
D2																		

REAVES JOSEPH O GP4

511-112
A BTRY 1/30TH FA AAA

STANDARD FORM 511 (REV. 9-79)
Prescribed by GSA and Interagency
Committee on Medical Records
FPMR (41 CFR) 101-11.806-8

EXHIBIT

D

SURETY RENEWAL: REPLACES PRP S

EVALUATION YTD 2 Dec 81.

PERSONNEL RECORDS SCREENING			
NAME OF INDIVIDUAL BEING SCREENED/EVALUATED REAVES, JOSEPH DARREN		GRADE Pvt PFC	SSN 164-58-3092
PERSONNEL RECORDS HAVE BEEN REVIEWED IN ACCORDANCE WITH AR 50-5. INFORMATION <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT ATTACHED WHICH MAY PRECLUDE ASSIGNMENT. THE INDIVIDUAL POSSESSES A SECURITY CLEARANCE OF <input type="checkbox"/> CONFIDENTIAL <input checked="" type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET BASED UPON A <input checked="" type="checkbox"/> ENTNAC <input type="checkbox"/> NAC <input type="checkbox"/> BI GRANTED ON 31 Aug 81 (31 Aug 81)			
NAME AND GRADE OF OFFICIAL CONDUCTING SCREENING CARMELO GONZALEZ, SP5, USA PRP TM CHIEF		SIGNATURE <i>Carmelo Gonzalez</i>	DATE 4 Mar 82
PART II - MEDICAL RECORDS SCREENING			
MEDICAL RECORDS HAVE BEEN REVIEWED IN ACCORDANCE WITH AR 50-5. INFORMATION <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT ATTACHED WHICH MAY PRECLUDE ASSIGNMENT.			
NAME AND GRADE OF PHYSICIAN Lorenza Kyliavas CW2, PA-C		SIGNATURE <i>Lorenza Kyliavas</i>	DATE 15 Mar 82
PART III - COMMANDER'S EVALUATION			
INDIVIDUAL HAS BEEN EVALUATED IN ACCORDANCE WITH AR 50-5. INFORMATION REFLECTING POSSIBLE UNSUITABILITY HAS BEEN THOROUGHLY REVIEWED AND AR 600-37 COMPLIED WITH. I FIND HIM TO BE <input checked="" type="checkbox"/> SUITABLE <input type="checkbox"/> UNSUITABLE FOR ASSIGNMENT. <input type="checkbox"/> TEMPORARILY SUSPENDED			
NAME, GRADE AND ORGANIZATION OF COMMANDING OFFICER GEORGE K. DEVINE, JR. O-3, A BTRY 1/30th FA		SIGNATURE <i>George K. Devine</i>	DATE 16 Apr 82
PART IV - BRIEFING CERTIFICATE			
I HAVE BRIEFED THIS INDIVIDUAL ON THE RELIABILITY STANDARDS CONTAINED IN AR 50-5.			
DATE	ORGANIZATION	SIGNATURE OF INDIVIDUAL	SIGNATURE OF CO
16 Apr 82	A BTRY 1-30 FA	<i>Joseph D. Reeves</i>	<i>George K. Devine</i>
20 JAN 83	A 1-30 FA	<i>Joseph D. Reeves</i>	<i>Charles P. Hall</i>
PRP status: administratively terminated (850/25).			
PART V - DISQUALIFICATION (This part will be completed only upon disqualification IAW para 3-10 or 3-16, AR 50-5)			
DUTY MOS	DUTY POSITION TITLE	AGE	EDUCATIONAL LEVEL
AR 600-37 COMPLIED WITH <input type="checkbox"/> YES <input type="checkbox"/> NO			
INDIVIDUAL'S STATUS AT TIME OF DISQUALIFICATION			
<input type="checkbox"/> BEING SCREENED FOR NUCLEAR DUTY POSITION		<input type="checkbox"/> BEING SCREENED PRIOR TO ATTENDING TRAINING AT SERVICE SCHOOL	
<input type="checkbox"/> ASSIGNED TO NUCLEAR DUTY POSITION		<input type="checkbox"/> ATTENDING SERVICE SCHOOL	
REASON FOR DISQUALIFICATION (See para 3-4, AR 50-5)			
NAME, GRADE, ORGANIZATION OF COMMANDING OFFICER		SIGNATURE	DATE
PART VI - RECORDS IDENTIFICATION			
THIS FORM IS FILED IN MEDICAL OR PERSONNEL RECORDS TO IDENTIFY AN INDIVIDUAL WHOSE CURRENT DUTY POSITION REQUIRES A HIGH DEGREE OF STABILITY. ANY CHANGE IN THIS INDIVIDUAL'S MEDICAL CONDITION WHICH COULD REFLECT ON STABILITY OR RELIABILITY IN ANY WAY MUST BE REPORTED ON A DA FORM 3349 TO THE COMMANDING OFFICER. MEDICATION OR TREATMENT, EVEN IF TEMPORARY, SHOULD BE EVALUATED FOR ITS IMPACT ON PERFORMANCE. ANY INFORMATION RECEIVED FOR ENTRY INTO PERSONNEL RECORDS WHICH REFLECTS ON STABILITY OR RELIABILITY MUST BE REPORTED TO THE COMMANDING OFFICER.			

DA FORM 3180

REPLACES DA FORMS 2706, 1 AUG 63; 3179, 1 SEP 66; 3180,

COPY 1

D1

PERSONNEL QUALIFICATION RECORD - PART II

bz

SECTION II - CLASSIFICATION AND ASSIGNMENT DATA (Continued)										SECTION III - SERVICE, TRAINING AND OTHER DATES									
13. PILOT RATINGS										18. APPOINTMENTS AND REDUCTIONS									
ORIGINAL		DATE		CURRENT		DATE		GRADE		COMP		EFFECTIVE DATE		DATE OF ELIG/RANK		SUBJECT		DATE	
14. FLYING STATUS										19. SPECIALIZED TRAINING									
INSTRUMENT CERTIFICATION										20. BASIC ENLISTED SERVICE									
INTERNSHIPS, RESIDENCIES AND FELLOWSHIPS										DATE (BESD)									
HOSPITAL										TIME LOST (Sec 972, Title 10, USC)									
TYPE OR SERVICE										FROM									
MONTHS										THRU									
YEAR										DAYS									
CONT										REASON									
CONT										CONT									
16. HOSPITAL/TEACHING APPOINTMENTS AND PRIVATE PRACTICE										21. PHYSICAL STATUS									
FROM										THRU									
THRU										DAYS									
INSTITUTION/LOCATION										GLASSES									
TYPE										YES									
DURAT										NO									
CONT										22. PLACE OF BIRTH AND CITIZENSHIP									
CONT										23. CITIZENSHIP OF SPOUSE									
17. CIVILIAN EDUCATION AND MILITARY SCHOOLS										24. NUMBER OF DEPENDENTS									
SCHOOL										ADULT									
MAJOR/COURSE/MOSC										CHILDREN									
DURAT										25. HOME OF RECORD/ADDRESS									
COMP										26. CIVILIAN OCCUPATION									
YEAR										JOB TITLE:									
CONT										None									
22. HEIGHT										CRITICAL OCCUPATION									
WEIGHT										YES									
GLASSES										NO									
DATE OF EXAM										NO. MONTHS EMPLOYED									
24. NUMBER OF DEPENDENTS										MOSC									
ADULT										DUTIES PERFORMED									
CHILDREN										EMPLOYER									

RECORD OF ASSIGNMENTS

EFFECTIVE DATE	DUTY MOSC	PRINCIPAL DUTY	ORGANIZATION AND STATION OR OVERSEA COUNTRY	NOV DAYS BP		NOV DAYS EP		TYPE REPORT
				YR/MO	YR/MO	YR/MO	YR/MO	
RES 8107-8110	Delayed Entry Program PV1	Enlistment	USARECSTA FT SILL OK	-	-	-	-	None
811016	13B00	OSUT	Btry A, 2d Inf Cn Bn, USAFAIC, FSILL, OK 73503	-	-	-	-	None
811218	13B10	ASST GUNNER	B BTRY 2d Bn 27th FA GERMAN	-	-	-	-	None
811218	13B10	CASUAL	ENROUTE TO GERMANY	-	-	-	-	None
820208	13B10	ASST GUNNER	B BTRY 2d B 27th FA GERMANY	-	-	-	-	None
820214	13B10	ASSEMBLER	A BTRY 1/30th FA Germany	-	-	-	-	None
820210	--	CASUAL	ENROUTE TO AUGSBURG GERMANY	-	-	-	-	-
820214	13B10W5	ASSEMBLER	A BTRY 1/30th FA Germany	-	-	-	-	-
841004	--	CASUAL	ENROUTE TB CONUS	-	-	-	-	-
841105	55B00	STUDENT	84th TUE (ST) Co USARMMCS RSH AL	-	-	-	-	-
841014	--	CASUAL	ENROUTE TO CONUS	-	-	-	-	-
850125	55B10	AMMO STORAGE ASST	49th ORD FT RILEY KS	-	-	-	-	-
861111	--	AMMO STORAGE ASST	Under Conditions of the 11th Air Force	-	-	-	-	-

REVIEWED

860604 Joseph D. Deneel

EXHIBIT

E



DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

AUG 17 2010

Health Policy and Services

Mr. Joseph Reaves AS1536
Box 244
Graterford, PA 19426-0244

Dear Mr. Reaves:

I enclosed the copies of Changes 32-34 to AR 40-501 that apply to the time period that you requested.

I hope this information will assist you in your application to the Army Board for the Correction of Military Records. Should you have additional questions or concerns, please do not hesitate to contact me at the above address.

Sincerely,

A handwritten signature in black ink, appearing to read "Rea M. Nuppenau", is written over a horizontal line.

Rea M. Nuppenau
Medical Standards Staff Officer

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DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO
ATTENTION OF

Health Policy and Services

29 December 2010

Mr. Joseph Reaves AS1536
Box 244
Graterford, PA 19426-0244

Dear Mr. Reaves:

Enclosed are copies of the requested sections from AR 40-501, Standards of Medical Fitness that were applicable in the requested time frames. PTSD was not specifically identified in AR 40-501 in the requested time period of 1982-1983. The pages dated 1980 were applicable until 1983. There was no change to the 1983 retention standard for peptic ulcer for 1986. I included the first part of Chapter 3 for each of the time frames that may provide additional information. I think the most important piece of information that you must provide is your medical condition prevented you from doing your military duties.

AR 40-501 does not address ratings for any medical conditions, so I would not have the other information that you have requested.

I hope this additional information will assist you in your application to the Army Board for the Correction of Military Records. Should you have additional questions or concerns, please do not hesitate to contact me at 703-681-3157 or email rea.nuppenau@amedd.army.mil.

Sincerely,

A handwritten signature in black ink, appearing to read "Rea M. Nuppenau", is written over a horizontal line.

Rea M. Nuppenau
Medical Standards Staff Officer

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AR 40-501

*C 34

CHANGE }
No. 34 }HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, DC, 1 December 1983MEDICAL SERVICES
STANDARDS OF MEDICAL FITNESS*Effective 1 January 1984*

This change incorporates policy changes, changes in standards of medical fitness and other administrative and professional refinements. It consolidates information previously published as interim changes.

Interim changes are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

This publication does not contain information that affects the New Manning System.

AR 40-501, 5 December 1960, is changed as follows:

1. New or changed material is indicated by a star.
2. Remove old pages and insert new pages as indicated below:

<i>Remove</i>	<i>Insert</i>
Cover 1 and title page (cover 2)	Cover 1 and title page (cover 2)
i through iv	i through iv
2-1 through 2-19	2-1 through 2-19
3-3 (C 32 page) through 3-4.1	3-4.1 and 3-4.2
3-9 through 3-10.1	3-9 through 3-10.1
3-13 through 3-16	3-13 through 3-16
4-1 through 4-11	4-1 through 4-20
5-1 through 5-6	5-1 through 5-5
6-1 through 6-4	6-1 through 6-4
6-7 and 6-8	6-7 and 6-8
6-11 through 6-14	6-11 through 6-14
7-1 through 7-10	7-1 through 7-12
8-1 through 8-5	8-1 through 8-5
9-1 through 9-11	9-1 through 9-12
10-1 through 10-18	10-1 through 10-31
A2-1	A2-1
A3-1 through A3-4	A3-1 and A3-2
A5-1	A5-1
A8-1 and A8-2	A8-1 and A8-2
A9-1 through A9-8	A9-1 through A9-9
Index-1 through Index-27	Index-1 through Index-31

3. File this change sheet in the front of the publication for reference purposes:

*This change supersedes Interim Change I06, 8 March 1983.

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D18

1 September 1983

C 33, AR 40-501

CHAPTER 3

★MEDICAL FITNESS STANDARDS FOR RETENTION AND SEPARATION INCLUDING RETIREMENT

(Short Title: RETENTION MEDICAL FITNESS STANDARDS)

Section I. GENERAL

3-1. Scope

This chapter sets forth the various medical conditions and physical defects which may render a member unfit for further military service.

3-2. Applicability

a. These standards apply to the following individuals:

★(1) All officers and warrant officers of the Active Army, Army National Guard and Army Reserve. (See AR 135-175, AR 635-40, AR 635-100, NGR 635-100, and other appropriate regulations for administrative procedures for separation for medically unfitting conditions that existed prior to service.)

★(2) All enlisted members of the Regular Army, Army National Guard and Army Reserve. For those members who were found to have an EPTS medical condition/physical defect that should have precluded original enlistment (chapter 2) but not listed in this chapter, see paragraph 2-2 of this regulation, AR 635-200, or AR 135-178.

(3) Cadets of the United States Military Academy and the Army ROTC and Uniformed Services University of Health Sciences programs for whom the standards of this chapter have been made applicable pursuant to the provisions of paragraph 2-2e.

(4) Members who were placed on the Temporary Disability Retired List (see AR 635-40).

b. These standards *do not* apply in the following instances:

(1) Retention of officers, warrant officers, and enlisted personnel of the Active Army, Army National Guard, and Army Reserve in Army aviation, airborne, marine diving, ranger, or special forces training and duty, or other duties for which special medical fitness standards are prescribed.

(2) All officers, warrant officers, and enlisted personnel of the Active Army, Army Na-

tional Guard, and Army Reserve who have been permanently retired.

3-3. Policies

a. Members with conditions listed in this chapter will be evaluated by a medical board and **WILL BE REFERRED TO A PHYSICAL EVALUATION BOARD** (except for members of the Reserve Components not on active duty). However, this chapter provides general guidelines and is not to be taken as a mandate to the effect that possession of one or more of the listed conditions means automatic retirement or separation from the service. Each case will be decided upon the relevant facts and a determination of fitness or unfitness will be made by the physical evaluation boards dependent upon the abilities of the member to perform the duties of his or her office, grade, rank or rating in such a manner as to reasonably fulfill the purpose of his or her employment in the military service. When a member is being processed for separation for reasons other than physical disability, his or her continued performance of duty until he or she is scheduled for separation for other purposes creates a presumption that the member is fit for duty. In cases where the medical board determines that the member's condition is such that referral to a physical evaluation board is not appropriate, the member may request, in writing, an additional review by the MTF commander of the medical board findings and recommendations. The MTF commander will provide the member with a written report of his or her review, a copy of which will be attached to the medical board proceedings. Cases that are not resolved in this manner will be forwarded to the Commander, United States Army Health Services Command, Fort Sam Houston, TX 78234 (for all medical treatment facilities in the 50 States, the Commonwealth of Puerto Rico, and medical treatment facilities in Panama), Chief

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C5

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1 September 1980

Surgeon, United States Army, Europe, and Seventh Army, APO New York 09102 (for all medical treatment facilities in Europe) or the Surgeon, Eighth United States Army, Korea, APO San Francisco 96301 (for all medical treatment facilities in Korea and Japan).

b. The various medical conditions and physical defects which may render a member unfit to perform the duties of his or her office, grade, rank or rating by reason of physical disability are not all listed in this chapter. Further, an individual may be unfit because of physical disability resulting from the overall effect of two or more impairments even though no one of them, alone, would cause unfitness. A single impairment or the combined effect of two or more impairments may make an individual unfit because of physical disability if—

★(1) The individual is unable to perform the duties of his or her office, grade, rank, or rating in such a manner as to reasonably fulfill the purpose of his or her employment in the military service, worldwide under field conditions, or

(2) The individual's health or well-being would be compromised if he or she were to remain in the military service, or

(3) In view of the member's physical condition, his or her retention in the military service would prejudice the best interests of the Government (e.g., a carrier of communicable disease who poses a threat to others).

c. A member will not be referred to a physical evaluation board because of impairments which were known to exist at the time of his or her acceptance for military service, and which have remained essentially the same in degree of severity since acceptance and have not interfered with his or her performance of effective military service.

d. A member who has been continued in the military service under one of the programs for continuance of disabled personnel (chap 6, AR 635-40, AR 140-120 and NGR 40-501) will be referred to a physical evaluation board prior to separation or retirement processing.

e. Lack of motivation for service should not influence the medical examiner in evaluating disabilities under these standards except as it may be symptomatic of some disease process. Poorly motivated members who are medically fit for

duty will be recommended for administrative disposition.

f. An individual who is accepted for and enters the military service is presumed to be in sound physical condition except for those conditions and abnormalities recorded in his or her procurement medical records. However, this presumption may be overcome by conclusive evidence that an impairment was incurred while the individual was not entitled to receive basic pay. Likewise, the presumption that an increase in severity of such an impairment is the result of service must be overcome by conclusive evidence. Statements of accepted medical principles used to overcome these presumptions must clearly state why the impairment could not reasonably have had its inception while the member was entitled to receive basic pay, or that an increase in severity represents normal progression.

g. An impairment, its severity, and effect on an individual may be assessed upon carefully evaluated subjective findings as well as upon objective evidence. Reliance upon this determination will rest basically upon medical principles and medical judgment; contradiction of those factors must be supported by conclusive evidence. Every effort will be made to accurately record the physical condition of all members throughout their Army career. It is important, therefore, that all medical conditions and physical defects which are present be recorded, no matter how minor they may appear.

3-4. Disposition of Members Who May be Unfit Because of Physical Disability

★a. Members who have one or more of the conditions listed in this chapter will be referred to a physical evaluation board as prescribed in AR 40-3 and AR 635-40. When mobilization fitness standards (chap 6) are in effect, or as directed by the Secretary of the Army, individuals who may be unfit under these standards but fit under the mobilization standards will not be referred to a physical evaluation board until termination of the mobilization or as directed by the Secretary of the Army. During mobilization, those who may be unfit under both retention and mobilization standards will be processed to determine their eligibility for physical disability

September 1983

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benefits unless disability separation or retirement is deferred as indicated below.

b. Members on extended active duty who are being referred to a physical evaluation board under the provisions of this chapter will be advised

that they may apply for continuance on active duty as provided in chapter 6, AR 635-40.

★c. Members not on extended active duty who do not meet retention medical fitness standards (mobilization medical fitness standards when these

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1 December 1983

C 34, AR 40-501

are in effect) will be processed as prescribed in AR 140-120 for members of the Army Reserve, or NGR 635-200, NGR 40-501, or NGR 40-3 for members of the Army National Guard of the United States, for disability separation or continuance in their Reserve status as prescribed in the cited regulations. Members of the Army National Guard and Army Reserve who may be unfit because of a disability resulting from injury incurred during a period of active duty training of 30 days or less, or active duty for training for 45 days ordered because of unsatisfactory performance of training duty, or inactive duty training will be processed as prescribed in AR 40-3 and AR 635-40.

d. Members on extended active duty who meet retention medical fitness standards, but may be administratively unfit or unsuitable will be reported to the appropriate commander for processing as provided in other regulations, such as AR 635-200.

e. Members on active duty who meet retention medical fitness standards, but who failed to meet procurement medical fitness standards on initial entry into the service (erroneous appointment, enlistment, or induction), may be processed for separation as provided in AR 635-120, AR 635-200, or AR 135-178 if otherwise qualified.

FOR ACTIVE ARMY MEMBERS, THE FOLLOWING SECTIONS II THROUGH XX SET FORTH, BY BROAD GENERAL CATEGORY, THOSE MEDICAL CONDITIONS AND PHYSICAL DEFECTS WHICH REQUIRE MEDICAL BOARD ACTION AND REFERRAL TO A PHYSICAL EVALUATION BOARD. (USAR AND ARNG MEMBERS NOT ON ACTIVE DUTY WILL BE PROCESSED IN ACCORDANCE WITH AR 135-175, AR 135-178, AR 140-10 and NGR 600-200, AS APPROPRIATE.)

Section II. ABDOMEN AND GASTROINTESTINAL SYSTEM

3-5. Abdominal and Gastrointestinal Defects and Diseases

a. *Achalasia (Cardiospasm)*. Dysphagia not controlled by dilatation, with continuous discomfort, or inability to maintain weight.

b. *Amebic abscess residuals*. Persistent abnormal liver function tests and failure to maintain weight and vigor after appropriate treatment.

c. *Biliary dyskinesia*. Frequent abdominal pain not relieved by simple medication, or with periodic jaundice.

d. *Cirrhosis of the liver*. Recurrent jaundice, ascites, or demonstrable esophageal varices or history of bleeding therefrom.

e. *Gastritis*. Severe, chronic hypertrophic gastritis and repeated symptomatology and hospitalization, and confirmed by gastroscopic examination.

f. *Hepatitis, chronic*. When, after a reasonable time (1 or 2 years) following the acute stage, symptoms persist, and there is objective evidence of impairment of liver function.

g. *Hernia*.

(1) *Hiatus hernia*. Severe symptoms not relieved by dietary or medical therapy, or recur-

rent bleeding in spite of prescribed treatment.

(2) *Other*. If operative repair is contraindicated for medical reasons or when not amenable to surgical repair.

h. *Ileitis, regional*.

i. *Pancreatitis, chronic*. Frequent abdominal pain of a severe nature; steatorrhea or disturbance of glucose metabolism requiring hypoglycemic agents.

j. *Peritoneal adhesions*. Recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting and intractable constipation requiring frequent admissions to the hospital.

k. *Proctitis, chronic*. Moderate to severe symptoms of bleeding, painful defecation, tenesmus, and diarrhea, and repeated admissions to the hospital.

l. *Ulcer, peptic, duodenal, or gastric*. Repeated hospitalization or "sick in quarters" because of frequent recurrence of symptoms (pain, vomiting, or bleeding) in spite of good medical management, and supported by laboratory and X-ray evidence of activity.

m. *Ulcerative colitis*. Except when responding well to treatment.

3-4.1

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j. *Myelopathy, transverse.*

k. *Narcolepsy.* When attacks are not controlled by medication.

l. *Paralysis agitans.*

m. *Peripheral nerve conditions.*

(1) *Neuralgia.* When symptoms are severe, persistent, and not responsive to treatment.

(2) *Neuritis.* When manifested by more than moderate, permanent functional impairment.

(3) *Paralysis due to peripheral nerve injury.*

ry. When manifested by more than moderate, permanent functional impairment.

n. *Syringomyelia.*

o. *General.* Any other neurological condition, regardless of etiology, when after adequate treatment, there remain residuals, such as persistent severe headaches, convulsions not controlled by medications, weakness or paralysis of important muscle groups, deformity, incoordination, pain or sensory disturbance, disturbance of consciousness, speech or mental defects, or personality changes of such a degree as to definitely interfere with the performance of duty.

★Section XV. MENTAL DISORDERS

Diagnostic concepts and terms utilized in this section are in consonance with the Diagnostic and Statistical Manual, Third Edition (DSM-III), American Psychiatric Association, 1980.

3-29. Disorders with Psychotic Features

Mental disorders not secondary to stress, intoxication, infectious, toxic or other organic causes with gross impairment in reality testing resulting in interference with duty or social adjustment.

3-30. Affective Disorders (Mood Disorders)

Persistence or recurrence of symptoms sufficient to require extended or recurrent hospitalization, necessity for limitations of duty or duty in protected environment or resulting in interference with effective military performance.

3-31. Anxiety, Somatoform, or Dissociative Disorders (Alternatively may be addressed as Neurotic Disorders)

Persistence or recurrence of symptoms sufficient to require extended or recurrent hospitalization, necessity for limitations of duty or duty in protected environment or resulting in interference with effective military performance.

3-32. Organic Mental Disorders

Persistence of symptoms or associated personal-

ity change sufficient to interfere definitively with the performance of duty or social adjustment.

3-32.1. Personality, Psychosexual or Factitious Disorders; Disorders of Impulse Control Not Elsewhere Classified; Substance Use Disorders

These conditions may render an individual administratively unfit rather than unfit because of physical disability. Interference with performance of effective duty in association with these conditions will be dealt with through appropriate administrative channels.

3-32.2. Adjustment Disorders

Transient, situational maladjustments due to acute or special stress do not render an individual unfit because of physical disability, but may be the basis for administrative separation if recurrent and cause interference with military duty.

3-32.3. Disorders Usually First Evident in Infancy, Childhood or Adolescence

These disorders, to include primary mental deficiency or special learning defects, or developmental disorders do not render an individual unfit because of physical disability but may result in administrative unfitness if the individual does not show satisfactory performance of duty.

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are in effect) will be processed as prescribed in AR 140-120 for members of the Army Reserve, or NGR 635-200, NGR 40-501, or NGR 40-3 for members of the Army National Guard of the United States, for disability separation or continuance in their Reserve status as prescribed in the cited regulations. Members of the Army National Guard and Army Reserve who may be unfit because of a disability resulting from injury incurred during a period of active duty training of 30 days or less, or active duty for training for 45 days ordered because of unsatisfactory performance of training duty, or inactive duty training will be processed as prescribed in AR 40-3 and AR 635-40.

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e. *Gastritis*. Severe, chronic hypertrophic gastritis and repeated symptomatology and hospitalization, and confirmed by gastroscopic examination.

f. *Hepatitis, chronic*. When, after a reasonable time (1 or 2 years) following the acute stage, symptoms persist, and there is objective evidence of impairment of liver function.

g. *Hernia*.

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(2) *Other*. If operative repair is contraindicated for medical reasons or when not amenable to surgical repair.

h. *Ileitis, regional*.

i. *Pancreatitis, chronic*. Frequent abdominal pain of a severe nature; steatorrhea or disturbance of glucose metabolism requiring hypoglycemic agents.

j. *Peritoneal adhesions*. Recurring episodes of intestinal obstruction characterized by abdominal colicky pain, vomiting and intractable constipation requiring frequent admissions to the hospital.

k. *Proctitis, chronic*. Moderate to severe symptoms of bleeding, painful defecation, tenesmus, and diarrhea, and repeated admissions to the hospital.

l. *Ulcer, peptic, duodenal, or gastric*. Repeated hospitalization or "sick in quarters" because of frequent recurrence of symptoms (pain, vomiting, or bleeding) in spite of good medical management, and supported by laboratory and X-ray evidence of activity.

m. *Ulcerative colitis*. Except when responding well to treatment.

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EXHIBIT

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**DEPARTMENT OF VETERANS AFFAIRS
REGIONAL OFFICE AND INSURANCE CENTER
P O BOX 8079
PHILADELPHIA PA 19101**

Joseph D. Reaves

**VA File Number
164 58 3092**

**Represented by:
DISABLED AMERICAN VETERANS** *DA*

**Decision Review Officer Decision
February 29, 2012**

INTRODUCTION

The records reflect that you are a veteran of the Peacetime. You served in the Army from October 6, 1981 to October 5, 1984 and from October 6, 1984 to November 10, 1986. We received your Substantive Appeal on May 22, 2008. Based on a review of the evidence listed below, we have made the following decision on your appeal.

DECISION

Service connection for chronic gastritis with peptic ulcer disease (claimed as gastrointestinal disorder) is granted with an evaluation of 10 percent effective September 14, 2000.

EVIDENCE

- VA Form 21-526, Application for Compensation and/or Pension received September 14, 2000
- Service treatment records for the period October 8, 1981, through October 5, 1984

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- VA letter dated December 12, 2008
- Progress Notes, SCI Graterford, dated November 15, 1990, through February 20, 2008
- VA examination conducted at SCI Graterford on March 8, 2009
- Statements from you that pertain to gastrointestinal disorder dated June 1, 2008; September 9, 2008; January 2, 2009; April 21, 2009; June 28, 2009

REASONS FOR DECISION

Service connection for chronic gastritis with peptic ulcer disease (claimed as gastrointestinal disorder).

In regards to your appeal, we are granting service connection for chronic gastritis with peptic ulcer disease based on evidence showing the condition developed during your first period of military service that was deemed honorable for the purposes of VA benefits.

We have assigned a 10 percent evaluation following a review of all medical evidence dating back to 1990. An evaluation of 10 percent is assigned if there are small nodular lesions and symptoms.

Service treatment records indicate that you were treated for an ulcer during your first period of service.

Treatment records from SCI Graterford beginning in November, 1990, note various complaints of epigastric distress treated with Tagament.

At your VA examination conducted on March 8, 2009, you reported in service treatment for an ulcer in 1983. You continued to have symptoms thereafter and were treated in 1994 at the prison infirmary for severe gastritis. You report that approximately three to four times per year you will have an exacerbation of the epigastric distress that could last up to two weeks. You follow a bland diet and have been prescribed Tagament and a form of antacid that proves to be effective in relieving the distress. Physical examination found you to be in no acute distress with a healthy appearance. The abdomen revealed mid epigastric tenderness without rebound. There was no organomegaly and bowel sounds were normal. Diagnosis provided is peptic ulcer disease and chronic gastritis that are opined to be related to the treatment in service for an ulcer.

The medical evidence does not demonstrate multiple small eroded or ulcerated areas with associated symptoms to assign a higher evaluation.

The effective date of the grant of service connection is September 14, 2000, the date the claim was received within the Department of Veterans Affairs since it has been continuously prosecuted since that date.

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Case 1:16-cv-00141-ZNS Document 1 Filed 01/29/16 Page 58 of 68

**Decision Review
Officer Decision**

Department of Veterans Affairs
**REGIONAL OFFICE AND
INSURANCE CENTER**

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NAME OF VETERAN Joseph D. Reaves	VA FILE NUMBER 164 58 3092	SOCIAL SECURITY NR 164-58-3092	POA DISABLED AMERICAN VETERANS	COPY TO
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ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
10/06/1981	10/05/1984	Army	Honorable for VA Purposes
10/06/1984	11/10/1986	Army	Dishonorable for VA Purposes

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
	1		None

JURISDICTION: Substantive Appeal Received 05/22/2008

ASSOCIATED CLAIM(s): 174; DRO Decision; 02/29/12

SUBJECT TO COMPENSATION (1. SC)

7307 CHRONIC GASTRITIS WITH PEPTIC ULCER DISEASE (CLAIMED AS GASTROINTESTINAL DISORDER)
Service Connected, Peacetime, Incurred
Static Disability
10% from 09/14/2000

COMBINED EVALUATION FOR COMPENSATION :

10% from 09/14/2000

NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSC Peacetime)

5010-5257 TRAUMATIC CHONDROMALACIA, RIGHT KNEE/LEG
Not Service Connected, Not Incurred/Caused by Service

5299-5294 CHRONIC REFRACTORY SACROILIITIS BILATERALLY (CLAIMED BUTTOCK AND BACK CONDITIONS)
Not Service Connected, Not Incurred/Caused by Service

6100 BILATERAL HEARING LOSS
Not Service Connected, Not Incurred/Caused by Service

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Decision Review Officer Decision		<i>Department of Veterans Affairs</i> REGIONAL OFFICE AND INSURANCE CENTER		Page 2 02/29/2012
NAME OF VETERAN Joseph D. Reaves	VA FILE NUMBER 164 58 3092	SOCIAL SECURITY NR 164-58-3092	POA DISABLED AMERICAN VETERANS	COPY TO

6599-6516 ANY THROAT CONDITION
Not Service Connected, Not Incurred/Caused by Service

7101 HYPERTENSION
Not Service Connected, Not Incurred/Caused by Service

7199-7118 CHOLINERGIC URTICARIA (CLAIMED AS RASH AND SKIN
IRRITATIONS)
Not Service Connected, Not Incurred/Caused by Service

7399-7312 ANY LIVER CONDITION
Not Service Connected, Not Incurred/Caused by Service

7813 LEFT FOOT FUNGUS
Not Service Connected, Not Incurred/Caused by Service

7813 FUNGUS OF THE HANDS AND FINGERS
Not Service Connected, Not Incurred/Caused by Service

7813 ONYCHOMYCOSIS, RIGHT FOOT (CLAIMED AS FOOT FUNGUS)
Not Service Connected, Not Incurred/Caused by Service

7813 TINEA CRURIS (CLAIMED AS GENITAL FUNGUS)
Not Service Connected, Not Incurred/Caused by Service

9399-9326 ALCOHOLISM AND DRUG ADDICTION (WILLFUL MISCONDUCT)
Not Service Connected, Not in Line of Duty

9411 POST TRAUMATIC STRESS DISORDER [PTSD/Other/Unknown-PTSD]
Not Service Connected, Not Incurred/Caused by Service

9499-9413 ANY MENTAL DISORDER (CLAIMED AS DEPRESSION AND ANXIETY)
Not Service Connected, Not Incurred/Caused by Service

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Decision Review Officer Decision		<i>Department of Veterans Affairs</i> REGIONAL OFFICE AND INSURANCE CENTER		Page 3 02/29/2012	
NAME OF VETERAN Joseph D. Reaves	VA FILE NUMBER 164 58 3092	SOCIAL SECURITY NR 164-58-3092	POA DISABLED AMERICAN VETERANS	COPY TO	

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REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME REAVES Joseph DARREN		2. SOCIAL SECURITY OR IDENTIFICATION NO. 164-58-3092	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 1940 30th 56th Street Philadelphia, Pennsylvania 19143		4. POSITION (Title, grade, component) E-4	
5. PURPOSE OF EXAMINATION Repl	6. DATE OF EXAMINATION 8 Nov 83	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) USAHC AUGSBURG APO NY 09178	
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) I am in very good Health And at this time I'm not on any medication.			
9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES NO	(Check each item)	YES NO	(Check each item)
<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>	Wear glasses or contact lenses
<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>	Have vision in both eyes
<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction	<input checked="" type="checkbox"/>	Wear a hearing aid
<input checked="" type="checkbox"/>	Attempted suicide	<input checked="" type="checkbox"/>	Stutter or stammer habitually
<input checked="" type="checkbox"/>	Been a sleepwalker	<input checked="" type="checkbox"/>	Wear a brace or back support
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES NO DON'T KNOW	(Check each item)	YES NO DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	Scarlet fever, erysipelas	<input checked="" type="checkbox"/>	Cramps in your legs
<input checked="" type="checkbox"/>	Rheumatic fever	<input checked="" type="checkbox"/>	Frequent indigestion
<input checked="" type="checkbox"/>	Swollen or painful joints (3)	<input checked="" type="checkbox"/>	Stomach, liver, or intestinal trouble
<input checked="" type="checkbox"/>	Frequent or severe headache (3)	<input checked="" type="checkbox"/>	Gall bladder trouble or gallstones
<input checked="" type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/>	Jaundice or hepatitis
<input checked="" type="checkbox"/>	Eye trouble	<input checked="" type="checkbox"/>	Adverse reaction to serum, drug, or medicine
<input checked="" type="checkbox"/>	Ear, nose, or throat trouble	<input checked="" type="checkbox"/>	Broken bones (4)
<input checked="" type="checkbox"/>	Hearing loss	<input checked="" type="checkbox"/>	Tumor, growth, cyst, cancer
<input checked="" type="checkbox"/>	Chronic or frequent colds	<input checked="" type="checkbox"/>	Rupture/hernia
<input checked="" type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/>	Piles or rectal disease
<input checked="" type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/>	Frequent or painful urination
<input checked="" type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/>	Bed wetting since age 12
<input checked="" type="checkbox"/>	Head injury	<input checked="" type="checkbox"/>	Kidney stone or blood in urine
<input checked="" type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/>	Sugar or albumin in urine
<input checked="" type="checkbox"/>	Thyroid trouble	<input checked="" type="checkbox"/>	VD—Syphilis, gonorrhea, etc.
<input checked="" type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	Recent gain or loss of weight
<input checked="" type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	Arthritis, Rheumatism, or Bursitis
<input checked="" type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/>	Bone, joint or other deformity
<input checked="" type="checkbox"/>	Pain or pressure in chest	<input checked="" type="checkbox"/>	Lameness
<input checked="" type="checkbox"/>	Chronic cough	<input checked="" type="checkbox"/>	Loss of finger or toe
<input checked="" type="checkbox"/>	Palpitation or pounding heart	<input checked="" type="checkbox"/>	Painful or "trick" shoulder or elbow
<input checked="" type="checkbox"/>	Heart trouble	<input checked="" type="checkbox"/>	Recurrent back pain
<input checked="" type="checkbox"/>	High or low blood pressure		
13. WHAT IS YOUR USUAL OCCUPATION? 13B10		14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed	

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓		B. Inability to perform certain motions.
✓		C. Inability to assume certain positions.
✓		D. Other medical reasons (If yes, give reasons.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

3 MAY 83 until 5 MAY 83 At FLAK hospital
FLAK Kaseene for an ulcer the doctor
Name is M.D. Thomas Col. I mc Clinic

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

Joseph DAKEN REAVES

SIGNATURE

Joseph Daken Reaves

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

- ① no knowledge of ENT problems today.
- ② states he has ulcer, being followed by Dr. Thomas, I mc, Augsburg Hospital. Taking mylanta and maceids. Nt Agpt scheduled in Jan '84.
- ③ no knowledge of Gall bladder or gallstone troubles.
- ④ no real history - feels because he had ulcer it was caused by working temp. medical records reviewed. no other pertinent history

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINEE

NATHANIEL L. HILL
CW2 USA

DATE

8 NOV 83

SIGNATURE

N. L. Hill

NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 93

Standard Form 600
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8 Exception Approved by NARS
October 1976 1 Aug 79

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
11 JUN 1984	NKA & Meds. THIS INDIVIDUAL HAS BEEN GIVEN		
USAHC AUGSBURG APO NY 09178	<p>⑤ 21 y/100² c/o cramps in ab- domin ^{area} for x 3 days. SM status when he stands up he has a pinching feeling that runs from buttocks to stomach area. 91028 Sgt. Wichey</p> <p>Refer to P.A. ^{specimen 01/11/84} as above. It describes state pain comes & goes, no particular motions or actions bring pain on. Denies any change in color or force of urine. D - 22 negative exam, Scrotal exam normal, ① hemmipalpatated, rectal - Digital exam normal, Abdomen soft & non-tender, no organ enlargement noted.</p> <p>A. normal exam plan: ① U/A ② NARS exam ③ Rtc - 1 wk for F/U.</p> <p>treatment will not affect PAP status.</p>		
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)		<p>NATHANIEL L. HILL CW2 USA SEX PHYSICIAN ASSISTANT</p>	
YEAR OF BIRTH		RELATIONSHIP TO SPONSOR	COMPONENT/STATUS DEPART/SERVICE
SPONSOR'S NAME		RANK/GRADE	
SSAN OR IDENTIFICATION NO.		ORGANIZATION	


20 16458 30 92
914TH MED DET 09178
REAVES JOSEPH D
19 M ADA
E-4 A 1/70 FA 8391

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
600-106-01

F-8

Standard Form 600
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8 Exception Approved by NARS
October 1975 1 Aug 79

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
05 SEP 1984	NKA. 0 Meds.		
USAHC AUGSBURG APO NY 09178	(S) 21 Y/O Pt. ♂ c̄ c̄/O pain, cramping to R side of abd. X 2 hrs.		
TIME IN: 1454	(A) Digestion impairment of		
TEMP: 98.1	(B) Refer to PA.		
PULSE: 66	PVT 2 To Knee Moody 91B		
RESP: 18	as Above. pt states he's also passing lots of gas.		
B/P: 108/62	O - Abdomen Soft, and non ^{not} some tenderness elicited during palpation over entire abdomen, no rebound tenderness, able to compress forcefully entire abdomen & much tenderness, bowel sounds hyperactive. rectal - digital exam reveals well formed stool high in rectal vault Hemocult - neg.		
	A. flatus		
	plan: Omeprazole		
	Q ↓ gas forming foods & spicy.		
	B H2 per.		
	medication will not affect IAP status - C-meds notified per DD form 689.		
	 NATHANIEL K. HILL USA CW2 PHYSICIAN ASSISTANT		

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)				PATIENT'S NAME (Last, First, Middle initial)		SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE			
SPONSOR'S NAME				RANK/GRADE		
SSAN OR IDENTIFICATION NO.				ORGANIZATION		

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
600-106-01

INPATIENT TREATMENT RECORD COVER SHEET										PAGE 1 OF 1			
For use of this form, see AR 40 - 400; the proponent agency is the Office of The Surgeon General.													
1. REGISTER NUMBER 0596361			2. NAME (Last, First, MI) REAVES, JOSEPH D					3. GRADE PFC		ADMISSION REMARKS			
4. SEX M	5. AGE 23	6. RACE 3	7. RELIGION CND	8. LENGTH OF SVC 4	9. ETS 19 SEP 1987		10. PREVIOUS ADMISSION NO						
11. FMP 20		12. SSN 164583092		13. ORGANIZATION 49 ORD CO FORT RILE KS			14. WARD 3A						
15. FLYING STATUS 76		16. RATING / DSG 0		17. DEPT / BEN ARMY		18. BRANCH / CORPS.		19. UIC / ZIP 66442				20. TYPE CASE DIS	
21. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION DIR DIRECT ADMISSION AR 40-3 PARA 4-1						22. HOUR OF ADMISSION 0905		23. CLINIC SERVICE MED					
24. NAME / RELATIONSHIP OF EMERGENCY ADDRESSEE REAVES, ZINA / WIFE					25. TYPE DISPOSITION DUTY		26. DATE OF DISPOSITION 04 AUG 1986		ADMITTING OFFICER PRESTON, KEVIN				
27. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP) 6245-3 FLEETW FORT RIL KS 66442					TELEPHONE NO. NO PHONE		28. DATE OF THIS ADMISSION 04 AUG 1986						
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY IRWIN ACH, FT RILEY, KS								30. DATE OF INITIAL ADMISSION					
31. SELECTED ADMINISTRATIVE DATA													
<input type="checkbox"/> Check If Continued on Reverse													
33. CAUSE OF INJURY													
34. DIAGNOSES / OPERATIONS AND SPECIAL PROCEDURES UG 1. 53190- -0 PRE-PYLORIC PEPTIC ULCER 4513-D-1 04 AUG 1986 ESOPHAGOGASTRODUODENOSCOPY													
<input type="checkbox"/> Check If Continued on Reverse													
35. TOTAL DAYS THIS FACILITY													
a. ABSENT SICK DAYS 0		b. OTHER DAYS 0		c. CONV LV / COOP CARE DAYS 0		d. SUPPLEMENTAL CARE DAYS 0		e. BED DAYS 1		f. TOTAL SICK DAYS 1			
36. TOTAL DAYS ALL FACILITIES													
a. ABSENT SICK DAYS 0		b. OTHER DAYS 0		c. CONV LV / COOP CARE DAYS 0		d. SUPPLEMENTAL CARE DAYS 0		e. BED DAYS 1		f. TOTAL SICK DAYS 1			
SIGNATURE OF ATTENDING MEDICAL OFFICER PRESTON, KEVIN AAAA						SIGNATURE OF MEDICAL RESOURCES OFFICER MARION J. FISH							

DA FORM 3647
1 MAY 79

EDITION OF 1 AUG 76 IS OBSOLETE.

F-10

out pat int record

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

REPORT TITLE ENDOSCOPY REPORT	OTSG APPROVED (Date) 13 Sep 84
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INDICATIONS:

ENDOSCOPIST:

ASSISTANT:

ENDOSCOPE:

ALLERGIES:

PREMED:

Mylicon - lcc

Xylocaine Gargle

Cetacaine

Demerol 2 mg IV

Valium 9 mg IV

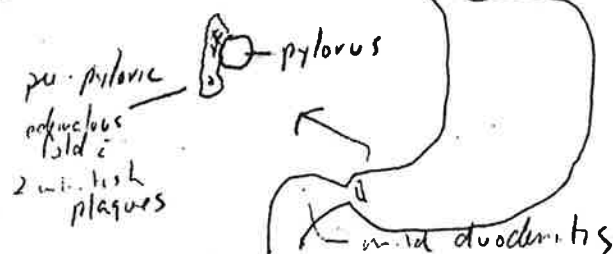
FINDINGS:

ESOPHAGUS

NL

STOMACH

DUODENUM



BIOPSIES

/ / Yes

/ / No

CYTOLOGY

/ / Yes

/ / No

PHOTOGRAPHS

/ / Yes

/ / No

COMPLICATIONS:

ASSESSMENT:

RECOMMENDATION:

Pre-pyloric ulcer, mild duodenitis

Continue H₂ blockers - (1) Cimetidine 300 qid

AAS

(2) M₁ H₂ II 300 1130 pr/h

(3) Re-EGD Pwki

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse)

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first,

middle; 6-636 103110 20 18498 30 92

REAVES, JOSEPH O PFC AAAA

23YRS 49 ORD CO

IRWIN ACH FT RILEY KS 5A

DOB 621217 4 AUG86 AAXB

AGE 23

SEX ☒ Male ☐ Female☐ HISTORY/PHYSICAL☐ FLOW CHART☐ OTHER EXAMINATION
OR EVALUATION☐ OTHER (Specify)☒ DIAGNOSTIC STUDIES☐ TREATMENT

DA FORM 1 MAY 78 4700

MEDDAC (Ft Riley) OP 148

1 Jun 84

OTSG Approved
13 Oct 82

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

DISCHARGE NOTE

Date Admitted: 8-1-86

Date Discharged: 8-7-86

Significant Findings & Present Status:

PUD 5x5 x 2 cm. c. h. l. PUD h. UOI
1483

Special Procedures/Operations:

EGD - 7 pre-pyloric ulcer

Discharge Diagnosis(es):

Pre-pyloric peptic ulcer

Condition on Discharge:

Good

Diet: Regular

Special (Specify)

Activity Permitted (Profile for Active Duty Members):

Ad 1, b

Medications:

Tegamet 300 Q.I.D.
AAI 1/3" pc / hr. prn

Special Treatment at Home:

d

Follow-up Instructions:

Repeat EGD 8 wks

Copies (2): Clinical Record, Health Record

Physician's Signature

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

596261 20 16450 30 92
REAVES, JOSEPH D PFC AAAA
23YRS 49 ORD CO
IRWIN ACH FT RILEY KS 5A
DOB 621217 4 AUG86 AAXB

DOCTOR'S PROGRESS NOTES

Standard Form 509
May 1969 (Rev.)General Services Admin. &
Int. Agency Comm. on Med. Records
509-108MEDDAC (Ft Riley) OP 57
1 Aug 82

A-12

REPORT TITLE

DISCHARGE INSTRUCTIONS/TEACHING RECORD

OTSG APPROVED (Date)
6 Jan 81

1. You will be discharged from the hospital on 4 Aug and are to return to the Med Clinic or as needed. Follow-up appointment _____

2. DIAGNOSES/LAYPERSON'S TERMS:

Pre-pyloric ulcer / open area
in stomach near the exit
point of the stomach

TREATMENT AND PROCEDURES: The following treatment(s) and procedures were conducted during your hospitalization:

Endoscopy
medication
Observation

3. MEDICATIONS: The medications that you will take home are:

Name of Drug	Instructions
<u>Tegamet 300mg</u>	<u>4 times a day</u>
<u>Mylanta 1 hr.</u>	<u>and 3 hr after meals</u>
<u>and at bedtime</u>	

4. SPECIFIC INSTRUCTIONS: (Activity/Limitations, OT/PT, Diet, Treatments, Lab, Social Work, etc.)

- 1) Return to Clinic or ER if you
experience stomach pain, weakness,
or dark colored stools
- 2) Repeat ENDOSCOPY in 8 wks

5. If you need assistance with your arrangements (equipment, transportation, Community Health Nurse follow-up) for discharge, please write what you need:

DISCHARGE PLANS HAVE BEEN EXPLAINED.

SIGNATURE OF PATIENT

Copies (3): Clinical Record (Inpatient), Outpatient Treatment Record (Health Record), Patient

PREPARED BY (Signature & Title)

John Rydell 2LT/AN

DEPARTMENT/SERVICE/CLINIC

Dept of Nursing, Ft Riley, KS

(Continue on reverse)

DATE

4 Aug 86

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

596361 20 16458 30 92
REAVES, JOSEPH D PFC AAAA
23YRS 49 ORD CO
IRWIN ACH FT RILEY KS 5A
DOB 621217 4 AUG86 AAXB

☐ HISTORY/PHYSICAL☐ FLOW CHART☐ OTHER EXAMINATION
OR EVALUATION☐ OTHER (Specify)☐ DIAGNOSTIC STUDIES☐ TREATMENT

DA FORM 1 MAY 78 4700

MEDDAC(Ft Riley)OP 39

F-13